

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>MIDDLE CLASS VALUES PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00594507       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Resonance Campaigns</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 01 / 2016</div> </div>		
Mailing Address 1020 16th St NW Suite 701			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9905.82</div>		
City Washington	State DC	Zip Code 20036	<b>Transaction ID : WFT2016521719-1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 31 / 2016</div> </div>		
Purpose of Expenditure Direct Mail		Category/ Type	Name of Federal Candidate Lee Susie <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input checked="" type="checkbox"/> House    District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NV		
<div style="border: 1px solid black; padding: 2px; text-align: right;">9905.82</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure		Category/ Type	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
<div style="border: 1px solid black; padding: 2px; text-align: right;">9905.82</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">9905.82</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">9905.82</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Headley Rachel

[Electronically Filed]

Date

 MM / DD / YYYY  
 06 / 02 / 2016

Signature